APPLICANT/NOMINEE PERSONAL FINANCIAL STATEMENT

For use of this form, see AR 601-1; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301, Departmental Regulation; 10 U.S.C. 3013, Secretary of the Army; AR 601-1, Assignment of

Enlisted Personnel to the US Army Recruiting Command; and EO 9397 (SSN)

PRINCIPAL PURPOSES: To verify that the individual meets financial criteria and is suitable for selection and assignment for recruiting

duty. This form will be used during inprocessing at the Army Recruiter Course to confirm continued eligibility

for recruiting assignment.

ROUTINE USES: None. The "Blanket Routine Uses" set forth at the beginning of the Army's Compilations of System of Records

Notices apply to this system.

DISCLOSURE: Voluntary. However, failure to provide the requested information may result in selection and assignment

made without consideration of your financial status.

1.	NAME (Last, First, Middle)	2. GRADE	3. SSN		
4.	Are you now or have you ever filed for bankruptcy? (If yes, state when, when	re, and why.)	1	YES	NO
5.	Have you ever received a letter(s) of indebtedness? (If yes, enter month and	year below.)			
	MONTH	YEAR			
	MONTH	YEAR			
6.	MONTHLY INCOME	AMOUNT		TOTAL	
a.	Basic Pay				
b.	Separate Rations				
c.	Clothing Allowance				
d.	Total Military Income Before Taxes (Total of a thru c above)				
e.	Subtract FICA and Income Taxes	(Subject)			
f.	Total After Tax Income	(Equal			
g.	Any other Monthly Income (Do not include Spouse's income)	(Add)			
	TOTAL MONTHLY SPENDABLE INCOME	(Equal			

ADDITIONAL INFORMATION OR REMARKS

7. ASSETS				YES	NO	AMOUNT
a. Do you have a savings account? (Enter approximate balance)						
b. Do you own stocks, bonds, or benefit from a trust? (Enter approximate value)						
c. Do you own (with no payments): (1) Vehicles						
(1)	MAKE	MODEL	YEAR			
	ter total estimated value)					
	Home	Trailer	("x" one)			
	ter total estimated value)					
(3) Furr	iture <i>(Enter estimated value)</i>					
(4) Lar	d (Enter estimated value)					
TOTAL ASS	ETS					
8. MONTHLY EXPENDITURES/LIABILITIES					MONTHLY PAYMENT	
a. Cost of food (Include meals eaten out, school lunches, etc.)						
b. Clothing (Dry cleaning/laundry)						
c. Medical (family men	Doctor, orthodontist, special aber)	medications, special scho	oling or treatment	for handicapp	ed	
d. Insurance	d. Insurance (Life, auto, homeowner, other)					
e. Vehicle expenses (1) MAKE MODEL YEAR						
=						
=						
(2) Gas	Oil, maintenance					
f. List charg	e cards or credit cards for which	you have an outstanding bal	ance:	BALANCE ()WED	
	NAME					

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8. MONTHLY EXPENDITURES/LIABILITIES (Continued)			BALANCE OWED	MONTHLY PAYMENT
g. List finance companies, banks, credit unions, or other institutions whe outstanding loan:	re you hav	e an		
NAME				
_				
h. Alimony or child support.				
i. Any allotments for purposes not listed above? (If yes, state for what purpose.)	YES	NO		
j. Any other indebtedness or financial obligation not listed above? (Use remarks section to explain if necessary.)				
TOTAL MONTHLY EXPENDITURES/LIABILITIES	1	I	1	
REMARKS				1

REMARKS

9. SIGNATURE OF VOLUNTEER/NOMINEE	10. DATE

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